

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/936250

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS | | | |
|----------------------------------|--|--------------|--------------------------|
| FOR | | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | | 16 minus 20= | |
| INDEPENDENT CLAIMS | | 2 minus 3= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|------|--------------|------|
| BASIC FEE | | OR BASIC FEE | 100 |
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL | | OR TOTAL | 100 |

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----------------------------------|------------------------------------|--------------------------|
| Total | • | 16 | Minus .. 26 | = |
| Independent | • | 2 | Minus ... 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

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| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----------------------------------|------------------------------------|--------------------------|
| Total | • | Minus .. | = | |
| Independent | • | Minus ... | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.